## STATE of INDIANA INDIANA OFFICE OF TECHNOLOGY (IOT)

## Page \_\_ of RACF AUTHORITY REQUEST FORM

Action:	Create	Change	Delete	Rename Only	_ (Please Check One)
User ld:		User Name:			
Agen	cy Name:				
State	Employee: Yes	No (I	f No) Compar	y Name:	
TSO	/Billing Cod	le:			
<b>Group Name</b>	<b>)</b> :				
Resource Na	ame:			Type of Resource	::
Action: Add Change Delete	Request Type Group User ID Resource N				Resource Access: Read Update Control Alter None
Comments: _					
Comp and t comp	puter Access and he rules you mus	I Use Agreemer at adhere to onc our signature is	nt. It contains in e you are grante required on the	ed access to use the Inc	ice of Technology's out the duties that you may undertake diana Office of Technology ou have accepted the terms of
I have read a	nd accepted the a	agreement:			Date:
			Effect	. Date:	Not Before:
Agency Security Contact Person:					Date:
IOT's Data Security Analyst:					Date:

## **PROCEDURES**

Action: Check one CREATE - Initial Profile,

**CHANGE** - Modify Profile, **DELETE** - Remove Profile,

**RENAME** - Change the User Name

**User Id:** Enter the assigned user identification code.

**User's Name:** Enter the legal name of the person assigned to the user-id, including the middle

initial.

**Agency Name:** Enter the name of the requesting agency

**State Employee:** If no, enter the user=s company name

**TSO:** Check here if the user needs **T**ime **S**haring **O**ption. If yes, you must enter the

Initial Billing Code.

**Group Name:** Enter the name of the group that is to be created, changed, or deleted.

**Resource Name:** Enter the name of the resource that is to be created, changed, or deleted

**Action:** Enter the appropriate desired action:

**ADD** - Create a new authorization, or group connection

**CHANGE** - Modify an existing authorization, or group connection

**DELETE** - Remove an existing authorization, or group connection.